

**IN THE U.S. PATENT AND TRADEMARK OFFICE**

**DECLARATION AND POWER OF ATTORNEY**

ATT. DOCKET NO.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole (or joint) inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **\_Terminal end-piece for a fuel assembly having a nose for orientating the flow of coolant fluid and corresponding assembly\_** the specification of which was filed as U.S. Serial No. \_\_\_\_\_ on \_\_\_\_\_, 2005; and was filed as International Application Serial No. PCT/FR04/03299 on 17.12.2004. I hereby authorize and request my appointed attorneys listed below, to insert above the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me on the same subject matter having a filing date before that of the application on which priority is claimed:


**PRIOR FOREIGN APPLICATION(S)**


Number	Country	Day/month/year	Priority Claimed	
<b>0315183</b>	<b>FRANCE</b>	<b>22.12.2003</b>	Yes <u><b>X</b></u>	No <u>   </u>

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

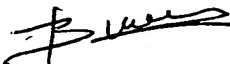
**Richard L. Mayer (Reg. No. 22,490)**  
**Patrick J. Birde (Reg. No. 29,770)**  
**Jeffrey M. Butler (Reg. No. 41,652)**  
**John M. Vereb (Reg. No. 48,912)**

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME LABARRIERE	FIRST GIVEN NAME Eric	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY SAINT -ELOI	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRENCH
POST OFFICE ADDRESS	POST OFFICE ADDRESS Le Mas Pressieu – 01800 SAINT-ELOI	CITY SAINT-ELOI	STATE & ZIP CODE/COUNTRY 01800 - FRANCE
Signature 		Date 29/05/06	

FULL NAME OF INVENTOR	FAMILY NAME BEATI	FIRST GIVEN NAME Angélo	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY LYON	STATE OR FOREIGN COUNTRY france	COUNTRY OF CITIZENSHIP FRENCH
POST OFFICE ADDRESS	POST OFFICE ADDRESS 101 rue Comeille – 69003 LYON - FRANCE	CITY LYON	STATE & ZIP CODE/COUNTRY 69003 - FRANCE
Signature 		Date 29/05/06	

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME BONNAMOUR	FIRST GIVEN NAME Michel	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY LYON	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRENCH
POST OFFICE ADDRESS	POST OFFICE ADDRESS 9 bis, rue du Transvaal - 69008 LYON	CITY LYON	STATE & ZIP CODE/COUNTRY 69008 - FRANCE
Signature 		Date 29/05/06	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
Signature		Date	